PARASAILING RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

	* ASSUMPTION OF RIS	K AND INDEMNITY AGREEME	NT
		you understand the implications of signing.	• • • • • • • • • • • • • • • • • • • •
		ciated with use of Parasailing and Related Activ	ities
J,	orrie Inoup	do hereby affirm and acknowledge that	
informe	ed of the inherent hazards and lisks associate	ed with Parasailing, water transportation to and	from the parasail
vessel	and other such related water sport activities	to which I am about to engage, including but no	t limited to:
	changing water flow, tides, currents, wave ac		to.
	collision with any of the following:	and only o wantoo,	
		er watercraft, d) man made or natural objects, e	Shuttle best
3)	wind shear inclement weather lightning van	iances and extremes of wind, weather and tem	oratura.
4) 1	my sense of balance, physical condition, abili	ity to operate equipment, swim and / or follow d	irections:
5)	collision capsizing sinking or other hazard t	hat may result in wetness, injury, exposure to the	ne elemente
-, ·	pynothermia, impact of the body upon the wa	iter, injection of water into my body orifices, and	i / or drowning:
6) t	he presence of insects and marine life forms		i / Or Growning,
	equipment failure or operator error;	,	
	neat or sun related injuries or illnesses, include	fing suphum, sup stroke or dehudration:	
	atigue, chill and / or reaction time and increas		
		the safe use of Watersport equipment to my c	ompleto
satisfaci	tion, and I am physically/mentally able to part	ticipate in the water sport activities to which I are	n about to carees
500000	ion, and rain physically montally able to par	adpate in the water sport activities to willout has	ii about to engage
specific	cally waive any defense insofar as this contra	act is concerned that may arise as a result of an	v etate or local law
and / or	regulation or policy that may impact its enfor	reshility	ly state of local law
uu / 0.		r of Claims and Indemnity Agreemer	. +
In consid	deration of being allowed to participate in the	above-described Watersports, transportation, a	nd paracailing
activities	as well as the use of any of the facilities sr	pecifically, including water transportation (shuttle	o boot) to and from
the para	sail vessel and the sue of the equipment of the	he below listed releasees, I hereby agree as follows:	lower
1) To	waive and release any and all claims based	upon negligence, active or passive, with the ex	roontion of
int	entional wanton or willful misconduct that L	may have in the future against all of the following	ception of
or	entities herein referred to as releasees.	may have in the lattice against all of the followin	ig nameu persons
	Watersports, Inc		
Owne		heduled Vessel Identification Number	Vessel Name
NC	watersports, Inc.	roduled vesser identification right	VESSEL IVALUE
		hedule Shuttle Boat Identification Number	Vocasi Nome
		, employees, representatives, agents, and volui	Vessel Name
VASS	sels from liability and resonnsibility whateney	er and for any claims or causes of action that I,	meers, and
6400	vitore or assigns may have for personal injur	ry, property damage, or wrongful death arising	my estate, neirs,
activ	vities whether caused by active or pessive pe	ry, property damage, or wrongful death ansing	from the above
acuv	s nectionarce. By executing this document. I	gligence of the releasees or otherwise, with the	e exception of
gros	s regigerice. By executing this document, i	agree to hold the releasees harmless and inde	mnify them in
CON	ntoring into this Agreement I om not solving	occur as a result of engaging in the above acti	vities
By e	mening into this Agreement, I am not relying	on any oral or written representation or stateme	ents made by the
relea	sees, other than what is set forth in this Agre	eement.	
horoby d	lociaco that I am of local ago and am annual	ant to sign this Assessment of the that	
Hereby o	eclare that I am or legal age and am compet	ent to sign this Agreement or, if not, that my pa	rent or legal
uaiulan s	snall sign on my behall and that my parent or	legal guardian is in complete understanding ar	nd concurrence
nui unis A	greement.		
φ_{a}	have read this Agreement, un	derstand it, and I agree to be bound by it.	
130 4	ue xmons	Lorrie Shoun	<u> </u>
Signat	ure of Adult Participant	Name of Adult Participant (Please Print)	Date
	V		
Signat	ure of Parent or Guardian if Participant is	Name of Parent or Guardian (Please Print)	Date
a Mino	r, and by their signature, they on behalf	,	
release	all claims that both they and I have	Name of Minor (Please Print)	Date

FFPOLREL-PARASAILREL (0804)

DECLARATION OF FITNESS TO PARASAIL

I hereby declare that I am physically fit. I do not, and have not, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during Parasailing.

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, drug or alcohol addition, recent back injury, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition that requires the regular use of drugs.

I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment, and that I have not been diagnosed by a registered doctor as having a terminal illness.

Even if I have a health condition as stated above of which I am unaware, by signing this form, I still choose to participate in the activity of Parasailing and agree to waive all responsibilities to all above mentioned parties concerning any consequences that would result from my actions.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of Parasailing activities, I will notify the Captain of the Parasail vessel immediately and before disembarking from the vessel.

I have read the above Declarations understand them, and I agree to be bound by them.					
S/ Signature of Adult Participant	Lowie Shou Name of Adult Participant (Please	(Print) 8/28/09 Date			
Address of Adult Participant		Phone #			
S/ Signature of Parent or Guardian if Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have	Name of Parent or Guardian (Please Print)	Date			
Address of Parent or Guardian		Phone#			
Name of Minor (Please Print)		Date			
If you cannot sign the above declaration because of any of the above conditions, you must notify the Captain immediately before you leave shore or board the Parasail vessel. Attention of the Captain/Authorized Insure Only (Counter-Sign upon full and correct completion)					
S/ Counter-Signature of Authorized Insured	Name of Authorized Insured (PLEASE PRINT)	Date			

FFPOLDEC - PARASAILDECOFFIT (0604)



PARASAILING RELEASE OF LIABILITY, WAIVER OF CLAIMS,	EXPRESS	
ASSUMPTION OF RISK AND INDEMNITY AGREEMEN		
/ lease read and be certain you understand the implications of signing.	•	
Express Assumption of Risk Associated with use of Parasailing and Related Activities	ac	
do hereby affirm and acknowledge that I h		
formed of the macrent hazards and risks associated with Parasailing, water transportation to and fro	om the personal	
essel and other such related water sport activities to which I am about to engage, including but not li	oni the parasan	
changing water flow, tides, currents, wave action and ship's wakes;	imited to.	
collision with any of the following:		
	-t- sas - 5 1	
a) other participants, b) the watercraft, c) other watercraft, d) man made or natural objects, e) s	snuttle boat;	
wind shear, inclement weather, lightning, variances and extremes of wind, weather and temper	rature;	
my sense of balance, physical condition, ability to operate equipment, swim and / or follow dire	ections;	
collision, capsizing, sinking, or other hazard that may result in wetness, injury, exposure to the	elements,	
hypothermia, impact of the body upon the water, injection of water into my body onfices, and /	or drowning;	
the presence of insects and marine life forms;		
equipment failure or operator error;		
heat or sun related injuries or illnesses, including sunburn, sun stroke or dehydration;		
fatigue, chill and / or reaction time and increased risk of an accident.		
pecifically acknowledge that I have been trained in the safe use of Watersport equipment to my com	nplete	
tisfaction, and I am physically/mentally able to participate in the water sport activities to which I am a	about to engage	
pecifically waive any defense insofar as this contract is concerned that may arise as a result of any sid / or regulation or policy that may impact its enforceability.	state or local law	
Release of Liability, Waiver of Claims and Indemnity Agreement		
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	u parasalling	
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FFPOLREL-PARASAILREL (0804)

DECLARATION OF FITNESS TO PARASAIL

I hereby declare that I am physically fit. I do not, and have not, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during Parasailing.

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, drug or alcohol addition, recent back injury, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition that requires the regular use of drugs.

I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment, and that I have not been diagnosed by a registered doctor as having a terminal illness.

Even if I have a health condition as stated above of which I am unaware, by signing this form, I still choose to participate in the activity of Parasailing and agree to waive all responsibilities to all above mentioned parties concerning any consequences that would result from my actions.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of Parasailing activities, I will notify the Captain of the Parasail vessel immediately and before disembarking from the vessel.

I have read the above Declarations unc	erstand them, and I agree to be b	ound by them.
S/ May Confloring Signature of Adult Participant	CINDY Woodcock Name of Adult Participant (Please	
Address of Adult Participant		Phone #
S/		
Signature of Parent or Guardian if Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have	Name of Parent or Guardian (Please Print)	Date
Address of Parent or Guardian		Phone#
Name of Minor (Please Print)	Date	
Name of Minor (Please Print) If you cannot sign the above declaration	because of any of the above cond	

If you cannot sign the above declaration because of any of the above conditions, you must notify the Captain immediately before you leave shore or board the Parasail vessel.

Attention of the Captain/Authorized Insure Only (Counter-Sign upon full and correct completion)

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